COVID19 Testing, Isolation and Quarantine Guidelines

1. FOREWARD

The following policy guideline is intended for use by all staff and Somerset House Parents in the management of Covid-19. This document provides guidance on diagnostic tests available, on antigen test performance and accessibility. it focuses on key issues such as when to Perform antigen tests. This policy guideline document contains recommendations from Healthcare Professionals and based on the most recent and available scientific evidence.

2. TYPES OF TESTS

2.1. Ag-RDTs – Rapid Test

Detect specific proteins (antigens) of replicating SARS-CoV-2 virus in respiratory specimens to diagnose current infection. Currently authorized antigen tests for SARS-CoV-2 require nasal (anterior nares) or nasopharyngeal swab samples, and most Ag-RDTs employ a lateral flow test format (commonly used for the diagnosis of other pathogens such as HIV, malaria, and influenza). Tests are performed in <30 minutes to enable faster patient care decisions

2.2. rRT-PCR - Real-Time Reverse Transcription Polymerase Chain Reaction (PCR)

Have a broader window of detecting SARS-CoV-2 infection, are more sensitive and remain the recommended method for the diagnosis of active SARS-CoV-2 (COVID-19) infection in South Africa but do have longer turnaround periods.

3. Ag-RDTs vs rRT-PCR

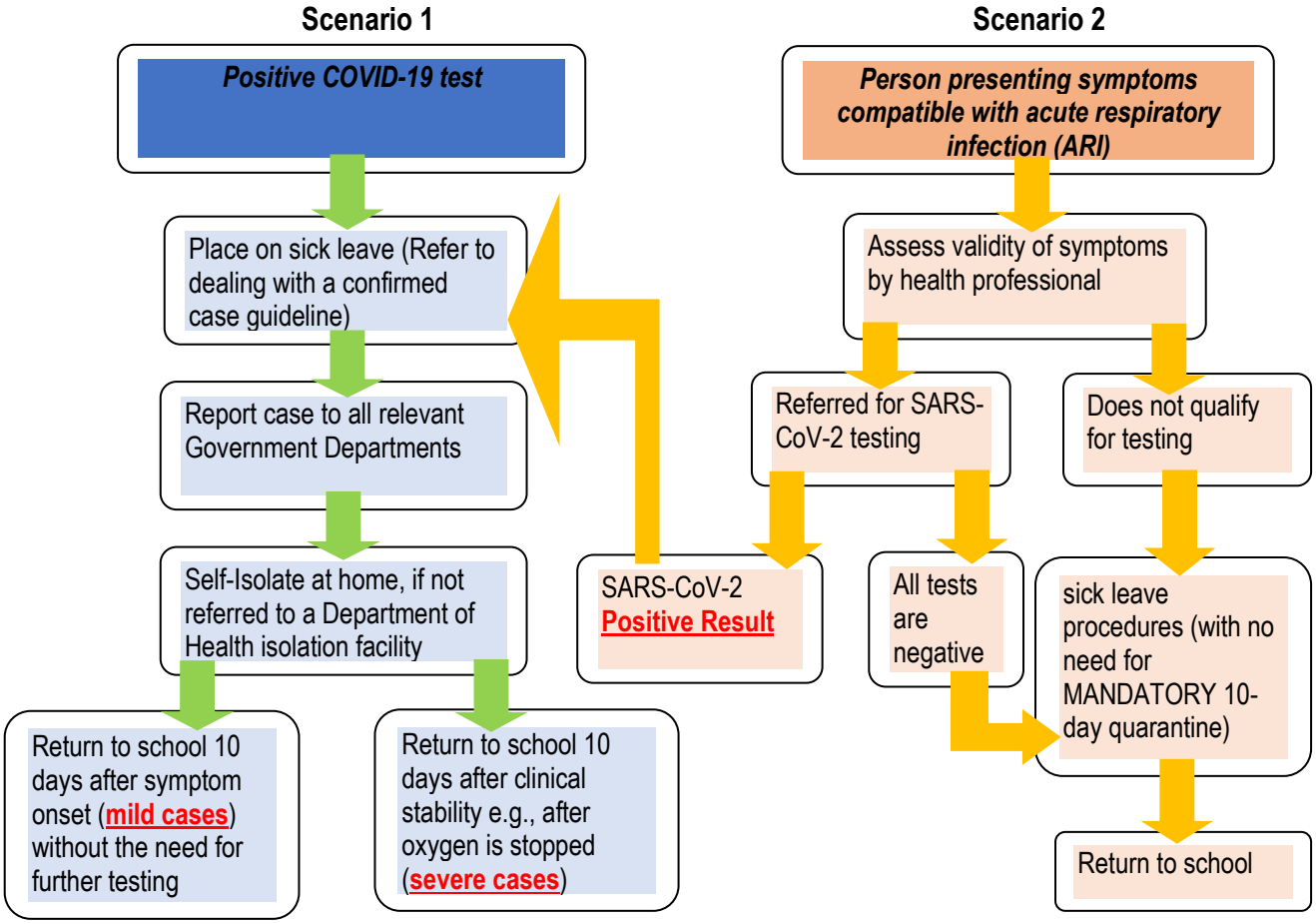
Testing Method	Strengths	Weaknesses
S-CoV-2 rRT-PCR	• **"Gold Standard"** test • High **Sensitivity** • High **Specificity**	• **Longer** turnaround times • Access could be **limited** • **Higher** Costs
RS-CoV-2 Ag-RDT	• **Faster** turnaround times • **Lower** cost • **Increased** access • **Decentralization** of testing to lower-level healthcare facilities • **Faster** identification of cases and contacts for isolation. • Simple to perform	• **Smaller** window of detection • **Less Sensitive** than PCR and so small number of **false-negative** results can occur • May require **confirmatory testing** under certain circumstances, may need to be followed by a rRT-PCR test

The sensitivity of "**Rapid Tests**" are likely to perform well when viral loads are high (symptomatic patients). Patients presenting with lower viral loads (asymptomatic) may obtain false-negative results. In some circumstances, confirmation of the **Rapid Test** result with a **PCR** test is recommended. In high prevalence settings, in individuals presenting with clinical COVID-19 symptoms, or individuals that are **close contacts** of a COVID-19 case, it is recommended that a negative **Rapid Test** be followed by a **PCR** test. In individuals with a low likelihood of infection or with a clinical syndrome not consistent with COVID-19, it is recommended that a positive **Rapid Test** be followed by a **PCR** test. Confirmatory testing should be performed as soon as possible (<48 Hours) after initial test. It is advised that you test **5-6 days after exposure**, or **2-3 days after the onset o**f **symptoms** to get the best result.

4. TESTING, ISOLATION AND QUARANTINE SCENARIO FLOW CHART

On receiving their all persons must inform the school so that the subject can be managed accordingly. The person responsible in the workplace should proactively take steps to obtain this information to avoid delays.

All persons will be managed according to scenario 1 to 4 depending on the results of a risk-based analysis.



Scenario 3

High risk + confirmed SARS-CoV-2 exposure (direct contact), worker asymptomatic

Designated person to assess and confirm SARS-CoV-2 exposure risk

If confirmed as **high-risk** exposure, designated person to approve quarantine

Verify that exposed worker is listed as a contact to positive case with NICD/ Department of Health

Quarantine for minimum of 10 days. Daily symptom self-check until 10 days **since last COVID-19 exposure**

If **asymptomatic**, return to work 10 days after last COVID-19 exposure, without further testing If **symptoms develop**, follow **Scenario 2**

If **asymptomatic**, evaluate for early return to work. Daily symptom self-check until 10 days since last COVID-19 exposure - **Quarantine** for minimum of **7 days** -Test (**rRT-PCR**) on day 7 if **negative** return to school & follow restrictions. If symptoms develop, follow **Scenario 2**

Scenario 4

Low risk + suspected SARS-CoV-2 exposure, asymptomatic, (secondary contact) with a confirmed case

Designated person to assess and confirm exposure risk

For **low-risk** exposure person continues to work but self-monitors for 10 days

If possible COVID-19 symptoms develop, follow **scenario 2**

Scenario 1 *Person with a confirmed positive COVID-19 test*	Scenario 1 (COVID-19 **confirmed case**) will require self-isolation for 10 days after symptom onset (**mild cases**) and 10 days after clinical stability (**severe cases**).
Scenario 2 *Person with current flu-like symptoms*	Any person in with **direct COVID-19 contact** who develops an acute respiratory infection (e.g. cough, shortness of breath, sore throat, loss of sense of taste/smell) **with or without fever** (≥37.5°C) or history of fever (e.g. night sweats, chills) is a suspected COVID-19 case. For persons, with a **negative RT-PCR** test, but **high-risk COVID-19 exposure** and **COVID-19 compatible symptoms**, discuss with occupational health practitioner regarding the need for further testing and/or self-quarantine. If an alternate diagnosis is made (e.g. influenza), the criteria for return to school should be based on that diagnosis and duration of infectivity for other respiratory infections
Scenario 3 ***High risk**, confirmed COVID-19 exposure, asymptomatic*	**High risk exposure: close contact within 1 metre of a COVID-19 confirmed case for >15 minutes without PPE (no face cover/eye cover) or with failure of PPE and/or direct contact with respiratory secretions of confirmed COVID-19 case (clinical or laboratory)**. Designated person to assess and confirm COVID-19 exposure risk. Suspected case to self-isolate and perform daily symptom self-check until 10 days since last COVID-19 exposure. If **asymptomatic** through day 10, return to school can be considered. The latter, if **asymptomatic** through to, **day 7**, can be considered for return to work, following a negative **RT-PCR on day 7**.
Scenario 4 **Low risk**, suspected COVID-19 exposure (secondary exposure), asymptomatic	**Low risk exposure: >1 metre away from a COVID-19 confirmed case for >15 minutes OR within 1 meter but wearing PPE (face cover, eye cover), any other secondary contact (in contact with an unconfirmed case, in contact with another high-risk exposure case) whilst observing prescribed safety measures.** Designated person to assess and confirm COVID-19 exposure risk for **low-risk** exposures to a confirmed COVID-19 positive case, worker can continue to work with **self-monitoring daily symptom check** for 10 days after last COVID19 exposure.

5. REFRENCES

5.1 Guidelines for symptom monitoring and management of workers for SARS-cov-2 infection, DoH (version 6: 12 December 2020)

5.2 GUIDE TO ANTIGEN TESTING FOR SARS-COV-2 IN SOUTH AFRICA, DoH, 2020

5.3 Dealing with a Suspected case A02, Somerset House Prep, 2020

5.4 Dealing with a Confirmed Case A03, Somerset House Prep, 2021

ALL SUSPECTED AND CONFIRMED CASES MUST BE REPORTED TO THE COVID19 COMPLIANCE OFFICER IMMEDIATELY

COVID19 COMPLIANCE OFFICER:	CLINTON BLOEM
ENTRANCE GATE:	DICKENS AVENUE
WORKSTATION:	SHELTERS
TEL:	067 070 2354
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